OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT

NOTE: PLEASE COMP NAME OF ENTITY:	LETE THIS FORM USING	EITHER ADOBE ACROBAT PRO OR REA	DER		
NAME OF OFFICIAL FI		Cindi Dievers, Cl	erh		
PHONE NUMBER:	XXX-886-11	641			
EMAIL ADDRESS: _C	Sievers@	inconcaentuid.us	5		
		0,0			
OPIOID SETTLEMENT	FUNDS BALANCE AT BEG	GINING OF FYEZ:			
OPIOID SETTLEMENT	FUNDS RECEIVED IN FY	22: 2,893.88			
TOTAL OPIOID SETTLEMENT FUND EXEPNDITURES IN FY 🗀:					
OPIOID SETTLEMENT	FUND BALANCE AT END	OF FY 22: \$2,893,88			
ITEMIZATION OF PAYMENTS RECEIVED:					
Payment Date	Payment Amount	Source of Payment			
6/16/22	2,893,68	Chech			
			10802 38		
			TOTAL: \$6,893.88		
ITEMIZATION OF EXP	ENDITURES:				
*List of approved uses	with section and subsec	ctions available <u>here</u>			

Approved Use	Approved Use	Description of Use	Amount
Section	Subsection		Expended
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	▼		
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	▼		

TOTAL: \$0.00

By signing below I warrant that all information provided in this form is true and correct; that all opioid settlement funds expended by the above entity have been expended on approved uses as provided in Exhibit A to the Idaho Opioid Settlement Intrastate Allocation Agreement linked to above and included on this form; and that I have the necessary authority to sign and submit this form on behalf of the above entity.

SIGNATURE: DATE: 9/6/23